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Bib Data Sheet

CONFIRMATION NO. 8083

<b>SERIAL NUMBER</b> 10/645,384	<b>FILING OR 371(c) DATE</b> 08/21/2003 <b>RULE</b>	<b>CLASS</b> 427	<b>GROUP ART UNIT</b> 1762	<b>ATTORNEY DOCKET NO.</b> FIS920030045US1
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\*\* CONTINUING DATA \*\*\*\*\* *BT-NONE*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *BT-NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/06/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>B. J. Tallon</i> Examiner's Signature	<i>BCT</i> Initials			

## ADDRESS

29505

## TITLE

Fully automated paste dispense system for dispensing small dots and lines

<b>FILING FEE RECEIVED</b> 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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